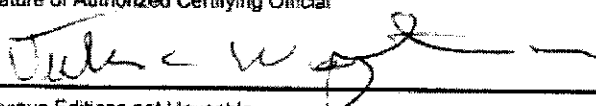


FINANCIAL STATUS REPORT (Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned by Federal Agency #262-07		OMB Approval No.0348-0039	Page 1	of Pages 1
3. Recipient Organization (Name and Complete address, including ZIP Code) Metlakatla Indian Community P.O. Box 8 Metlakatla, AK 99926						
4. Employer Identification Number 92-00114579		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Finding/Grant Period (See Instructions) From: (Month, Day, Year) 11/1/2006		To: (Month, Day, Year) 12/31/2007		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2007		To: (Month, Day, Year) 9/30/2007
10. Transactions:				I. Previously Reported	II. This Period	III. Cumulative
a. Total Outlays				\$ 135,296.00	\$ 133,504.00	\$ 268,800.00
b. Recipient share of outlays					\$ -	\$ -
c. Federal share of outlays				\$ 135,296.00	\$ 133,504.00	\$ 268,800.00
d. Total unliquidated obligations						\$ -
e. Recipient share of unliquidated obligations						\$ -
f. Federal share of unliquidated obligations						\$ -
g. Total Federal share (Sum of lines c and f)						\$ 268,800.00
h. Total Federal Funds authorized for this funding period						\$ 500,000.00
i. Unobligated balance of Federal Funds (Line h minus line g)						\$ 231,200.00
11. Indirect Expenses		a. Type of Rate (place "x" in appropriate Box)				
		b. Rate 7.74		c. Base		d. Total Amount
		e. Federal Share				
12. Remarks:						
13. Certification : I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.						
14. Typed or Printed Name and Title Victor Wellington Sr., Mayor				Telephone (Area Code, Number & Ext.) (907) 886-4441		
Signature of Authorized Certifying Official 				Date Report Submitted 11/16/2007		

Previous Editions not Unusable

Standard Form 269A (Revenue 4-88)

Prescribed by OMB Circulars A-102 and A-110

